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American Pharmacists Association (APhA), Academy of Managed Care Pharmacy (AMCP), American Society of Consultant Pharmacists (ASCP), American Society of Health-System Pharmacists (ASHP), College of Psychiatric and Neurologic Pharmacists (CPNP), National Alliance of State Pharmacy Associations (NASPA) and National Community Pharmacists Association (NCPA)

STATEMENT FOR THE RECORD

TO THE HOUSE ENERGY & COMMERCE COMMITTEE HEARING: “FEDERAL EFFORTS TO COMBAT THE OPIOID CRISIS: A STATUS UPDATE ON CARA AND OTHER INITIATIVES”

On behalf of the American Pharmacists Association (“APhA”), Academy of Managed Care Pharmacy (“AMCP”), American Society of Consultant Pharmacists (“ASCP”), American Society of Health-System Pharmacists (“ASHP”), College of Psychiatric and Neurologic Pharmacists (“CPNP”), National Alliance of State Pharmacy Associations (“NASPA”) and National Community Pharmacists Association (“NCPA”), we appreciate the opportunity to provide our perspective regarding federal efforts to combat the opioid crisis.

Our organizations view medication-assisted treatment (MAT) as an important component of a multipronged approach to addressing opioid abuse and improving treatment. We applaud efforts to expand access to MAT, such as increasing Drug Addiction Treatment Act (DATA)-waivered physician’s prescribing caps and allowing nurse practitioners (NPs) and physician assistants (PAs) to obtain a DATA waiver. To further expand access to MAT, we urge the Committee to pass legislation that allows pharmacists to obtain a DATA waiver. H.R. 3991, the

Expanded Access to Opioid Abuse Treatment Act of 2017, a recently introduced bill, enables pharmacists to obtain a DATA waiver in the same manner as PAs and NPs.

Pharmacist involvement in MAT for opioid use disorders helps improve access and outcomes, while reducing the risk of relapse.^{1,2} Currently, 48 states and the District of Columbia allow pharmacists to enter into collaborative practice agreements with physicians and other prescribers to provide advanced care to patients, which may include components of MAT. In addition, pharmacists are mid-level practitioners like PAs and NPs, and six states allow pharmacists to prescribe Schedule II-V controlled substances under a collaborative practice agreement.^{3,4} Consequently, under certain states' scope of practice laws, pharmacists are eligible to prescribe Schedule III controlled substances but are unable to meaningfully expand access to MAT because they are not eligible for a DATA waiver.

When pharmacists partner with physicians and other health care professionals to provide MAT, they can streamline care and improve outcomes. Pharmacists' responsibilities may include treatment plan development, dispensing, patient communication, care coordination, and adherence monitoring and improvement activities, among others. Allowing pharmacists to obtain a DATA-waiver will increase patients' access to MAT and address treatment gaps.

Pharmacists are often an underutilized health care resource despite their medication expertise and accessibility. Pharmacists today graduate with a Doctorate of Pharmacy degree, which requires six to eight years of higher education to complete, and have more medication-related training than any other health care professional. We thank you for the opportunity to provide our recommendation regarding an important opportunity to increase patients' access to substance use treatment programs by utilizing pharmacists.

¹ DiPaula, B.A. & Menachery, E. (Mar/Apr 2015). Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients, *Journal of the American Pharmacists Association*, 55(2), 187-192., available at:

[http://www.japha.org/article/S1544-3191\(15\)30041-8/abstract](http://www.japha.org/article/S1544-3191(15)30041-8/abstract)

² Raisch, W. (2002). Opioid Dependence Treatment, Including Buprenorphine/Naloxone, *Pharmacology & Pharmacy*, 36(2), 312-321, available at: <https://www.ncbi.nlm.nih.gov/pubmed/11847954>

³ See Drug Enforcement Agency, Mid-Level Practitioners Authorization by State, available at:

https://www.deadiversion.usdoj.gov/drugreg/practitioners/mlp_by_state.pdf, last accessed: October 18, 2017.

⁴ See Centers for Disease Control and Prevention (2017), *Advancing Team-Based Care Through Collaborative Practice Agreements*, available at: <https://www.cdc.gov/dhdsppubs/docs/CPA-Team-Based-Care.pdf> (last accessed: August 14, 2017).